

General

Title

Melanoma: percentage of patients with a melanoma less than or equal to 1 mm thick (i.e., T1) for whom the surgical excision margins are 1 cm (or the specific anatomic or cosmetic factors that limit margin distance are noted).

Source(s)

Billimoria KY, Raval MV, Bentrem DJ, Wayne JD, Balch CM, Ko CY. National assessment of melanoma care using formally developed quality indicators. J Clin Oncol. 2009 Nov 10;27(32):5445-51. [PubMed](#)

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients with a melanoma less than or equal to 1 mm thick (i.e., T1) for whom the surgical excision margins are 1 cm (or the specific anatomic or cosmetic factors that limit margin distance are noted).

Rationale

There is considerable variation in the quality of cancer care delivered in the United States. This variability is also present in the diagnosis and treatment of melanoma. The management of melanoma is stage specific and has evolved considerably during the past few decades, which has possibly contributed to such variation in care.

Melanoma is the sixth-most common malignancy in the United States, and it ranks second in terms of loss of years of potential life. As the incidence of melanoma continues to increase, there is a need to

assess, monitor, and standardize the care of patients with melanoma. Quality indicators may help to reduce the hospital-to-hospital discrepancy in melanoma care.

Evidence for Rationale

Bilimoria KY, Balch CM, Bentrem DJ, Talamonti MS, Ko CY, Lange JR, Winchester DP, Wayne JD. Complete lymph node dissection for sentinel node-positive melanoma: assessment of practice patterns in the United States. *Ann Surg Oncol*. 2008 Jun;15(6):1566-76. [PubMed](#)

Bilimoria KY, Bentrem DJ, Feinglass JM, Stewart AK, Winchester DP, Talamonti MS, Ko CY. Directing surgical quality improvement initiatives: comparison of perioperative mortality and long-term survival for cancer surgery. *J Clin Oncol*. 2008 Oct 1;26(28):4626-33. [PubMed](#)

Bilimoria KY, Raval MV, Bentrem DJ, Wayne JD, Balch CM, Ko CY. National assessment of melanoma care using formally developed quality indicators. *J Clin Oncol*. 2009 Nov 10;27(32):5445-51. [PubMed](#)

Charles CA, Yee VS, Dusza SW, Marghoob AA, Oliveria SA, Kopf A, Rigel D, Halpern AC. Variation in the diagnosis, treatment, and management of melanoma in situ: a survey of US dermatologists. *Arch Dermatol*. 2005 Jun;141(6):723-9. [PubMed](#)

Desmond RA, Soong SJ. Epidemiology of malignant melanoma. *Surg Clin North Am*. 2003 Feb;83(1):1-29. [74 references] [PubMed](#)

El-Maraghi RH, Kiehl AZ. PET vs sentinel lymph node biopsy for staging melanoma: a patient intervention, comparison, outcome analysis. *J Am Coll Radiol*. 2008 Aug;5(8):924-31. [41 references] [PubMed](#)

Gogas HJ, Kirkwood JM, Sondak VK. Chemotherapy for metastatic melanoma: time for a change. *Cancer*. 2007 Feb 1;109(3):455-64. [79 references] [PubMed](#)

Gold JS, Jaques DP, Busam KJ, Brady MS, Coit DG. Yield and predictors of radiologic studies for identifying distant metastases in melanoma patients with a positive sentinel lymph node biopsy. *Ann Surg Oncol*. 2007 Jul;14(7):2133-40. [PubMed](#)

Lang PG Jr. Malignant melanoma. *Med Clin North Am*. 1998 Nov;82(6):1325-58. [83 references] [PubMed](#)

Mosca PJ, Teicher E, Nair SP, Pockaj BA. Can surgeons improve survival in stage IV melanoma. *J Surg Oncol*. 2008 Apr 1;97(5):462-8. [61 references] [PubMed](#)

Sondak VK, Taylor JM, Sabel MS, Wang Y, Lowe L, Grover AC, Chang AE, Yahanda AM, Moon J, Johnson TM. Mitotic rate and younger age are predictors of sentinel lymph node positivity: lessons learned from the generation of a probabilistic model. *Ann Surg Oncol*. 2004 Mar;11(3):247-58. [PubMed](#)

Primary Health Components

Melanoma less than or equal to 1 mm thick (T1); surgical excision margins

Denominator Description

Number of patients with a melanoma less than or equal to 1 mm thick (i.e., T1)

Numerator Description

Number of patients with a melanoma less than or equal to 1 mm thick (i.e., T1) for whom the surgical excision margins are 1 cm (or the specific anatomic or cosmetic factors that limit margin distance are noted)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Quality indicators were identified from available literature, consensus guidelines, and melanoma experts. Thirteen experts ranked potential measures for validity on the basis of the RAND/University of California, Los Angeles Appropriateness Methodology. Adherence with individual valid indicators and a composite measure of all indicators were assessed at 1,249 Commission on Cancer hospitals by using the National Cancer Data Base (NCDB; 2004 through 2005). Of 55 proposed quality indicators, 26 measures (47%) were rated as valid.

Refer to the reference listed below for further details.

Evidence for Extent of Measure Testing

Bilimoria KY, Raval MV, Bentrem DJ, Wayne JD, Balch CM, Ko CY. National assessment of melanoma care using formally developed quality indicators. J Clin Oncol. 2009 Nov 10;27(32):5445-51. [PubMed](#)

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Ambulatory/Office-based Care

Ambulatory Procedure/Imaging Center

Hospital Inpatient

Hospital Outpatient

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Unspecified

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Number of patients with a melanoma less than or equal to 1 mm thick (i.e., T1)

Exclusions

None

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of patients with a melanoma less than or equal to 1 mm thick (i.e., T1) for whom the surgical excision margins are 1 cm (or the specific anatomic or cosmetic factors that limit margin distance are noted)

Exclusions

None

Numerator Search Strategy

Fixed time period or point in time

Data Source

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

If a patient has a melanoma ≤ 1 mm thick (ie, T1), then the surgical excision margins must be 1 cm (or the specific anatomic or cosmetic factors that limit margin distance should be noted).

Measure Collection Name

Melanoma Quality Indicators

Submitter

Karl Y. Bilimoria, MD, MS on behalf of the American College of Surgeons' Melanoma Quality Indicator Development Expert Panel - Independent Author(s)

Developer

American College of Surgeons - Medical Specialty Society

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

The Melanoma Quality Indicator Development Expert Panel included 10 surgical oncologists who had a primary clinical focus in melanoma (Charles Balch, MD; Daniel Coit, MD; Stanley Leong, MD; Kelly McMasters, MD; Donald Morton, MD; Merrick Ross, MD; Vernon Sondak, MD; Kenneth Tenabe, MD; John Thompson, MD; and Jeffrey Wayne, MD), a medical oncologist (Michael Atkins, MD), a dermatologist (Mary Martini, MD), and a dermatologist/dermatopathologist (Arthur Sober, MD).

Financial Disclosures/Other Potential Conflicts of Interest

The author(s) indicated no potential conflicts of interest.

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2009 Nov

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in January 2017.

Measure Availability

Source available from the [Journal of Clinical Oncology](#) .

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NQMC Status

This NQMC summary was completed by ECRI Institute on May 18, 2012. This information was verified by the measure developer on July 11, 2012.

The information was reaffirmed by the measure developer on January 31, 2017.

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Production

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